

ZONING PERMIT APPLICATION

Application Date: _____

Please Print

Property Owner: _____ Street/City: _____
Job Address: _____ Phone: _____
Property Number: 11-01-_____-_____-_____-_____

CONTRACTOR INFORMATION

Contractor Name (DBA): _____ Phone: _____
License Number: _____ Expiration Date: _____
Federal Employer Number: _____
Worker Compensation Insurance Carrier: _____
MESC Employer Number: _____

WORK TO BE DONE

Description of Work to be done: _____
____ New ____ Addition ____ Alteration ____ Repair ____ Demolish ____ Move/Other
Submit Copies of : ____ Plot Plan ____ Building Plan ____ Sewage Permit ____ Soil Erosion Permit
Zoned: _____ Sewage Permit #: _____ Soil Erosion Permit #: _____
Building Detail: ____ Height ____ Width ____ Length ____ Stories
Set Backs: ____ Front ____ Rear ____ Side ____ Side
Estimated Cost of Construction: \$ _____ Square Feet: _____

APPLICANTS SIGNATURE:

“Section 23A of the State Construction Codes Act of 1972 , Act No. 230 of the Public Acts of 1972, being section 125.1523a of the Michigan Compiled Laws prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of section 23a are subject to civil fines of not less than \$100.00 nor more than \$500.00.”

Signature of Applicant: _____ Date: _____
(Must be signed by all applicants)

HOMEOWNERS AFFIDAVIT:

I hereby certify the building work described on this zoning application shall be installed by me on my property which is zoned agriculture and that the structure will be for agricultural use. All work shall be installed in accordance with the Michigan Building Code as enforced by Bainbridge Township and shall not be covered up or put into operation until it has been inspected and approved by the Building Inspector. I will co-operate with the Building Inspector and assume the responsibility to arrange for necessary inspections.

Signature of Homeowner: _____ Date: _____

OFFICE USE ONLY

Special Conditions: _____ Permit No.: _____
Zoning Admin.— ROSS ROGIEN Phone # for Inspections: 269-468-8040/ leave message in mailbox 14
Permit Received By: _____ Date: _____ Receipt #: _____